



# Patient Demographics

Today's date: \_\_\_\_\_

## Your pediatrician

- Dr. Baumel       Dr. Crawford       Dr. Garber
- Dr. Hicks       Dr. Rosselot       Dr. Whitman

## Patient

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender:     Male     Female

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Patient cell phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Patient e-mail: \_\_\_\_\_

Is patient:

- American Indian (Native American)     Alaskan Native     Other

## Mother/Guardian #1

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Are home address and phone same as patient? If no, fill in below:

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Father/Guardian #2

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Are home address and phone same as patient? If no, fill in below:

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Insurance

Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_

## Emergency contact other than parent

(ex: neighbor, grandparent)

Relationship to patient: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

## Preferred pharmacy

Location: \_\_\_\_\_

## Additional information (if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_